

COMPLIANCE CHECKLIST

▷ **Primary Care Outpatient Centers** **(Hospital Satellites or Clinics)**

The following Checklist is for plan review of hospital outpatient satellites and clinic facilities, and is derived from the AIA Guidelines for Design and Construction of Health Care Facilities, 2006 Edition (specific sections indicated below), appropriately modified to respond to DPH requirements for projects in Massachusetts which include Hospital Licensure Regulations 105 CMR 130.000, Clinic Licensure Regulations 105 CMR 140.000 and Department Policies. Applicants must verify compliance of the plans submitted to the Department with all the requirements of the AIA Guidelines, Licensure Regulations and Department Policies when filling out this Checklist. The completed DPH Affidavit Form must be included in the plan review submission for Self-Certification or Abbreviated Review Part II. A separate Checklist must be completed for each outpatient suite.

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- State Building Code (780 CMR).
- Joint Commission on the Accreditation of Health Care Organizations.
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities.
- Accessibility Guidelines of the Americans with Disabilities Act (ADA).
- Architectural Access Board Regulations (521 CMR).
- Local Authorities having jurisdiction.

Instructions:

1. The Checklist must be filled out completely with each application.
2. Each requirement line (____) of this Checklist must be filled in with one of the following checklist symbols, unless otherwise directed. If an entire Checklist section is not affected by a renovation project, "E" for existing conditions may be indicated on the requirement line (____) before the section title (e.g. E EXAM ROOMS). If more than one space serves a given required function (e.g. exam room), two checklist symbols separated by a slash may be used (e.g. "E/X"). Clarification should be provided in that regard in the Project Narrative.

<p>X = Requirement is met, for new space, for renovated space, or for existing support space for an expanded service.</p> <p>E = Requirement relative to an existing suite or area that has been <i>licensed</i> for its designated function, is <i>not affected</i> by the construction project and <i>does not pertain to a required support space</i> for the specific service affected by the project.</p>	<p><input checked="" type="checkbox"/> = Check box under section titles or individual requirements lines for optional services or functions that are not included in the health care facility.</p> <p>W = Waiver requested for Guidelines, Regulation or Policy, where hardship in meeting requirement can be proven (please complete Waiver Form for each waiver request, attach 8½" x 11" plan & list the requirement reference # on the affidavit).</p>
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3. Mechanical, electrical & plumbing requirements are only partially mentioned in this checklist. Section **3.1-7** of the Guidelines must be used for project compliance with all MEP requirements and for waiver references.
4. Requirements referred to as "Policies" are DPH interpretations of the AIA Guidelines or of the Regulations.
5. Reference to a requirement from the AIA Guidelines in any waiver request must include the chapter number (e.g. "**3.2-**") and the specific section number.

Facility Name:

.....

Facility Address:

.....

Satellite Name: (if applicable)

Building/Floor Location:

.....

Satellite Address: (if applicable)

Submission Dates:

Project Description:

Initial Date:

Revision Date:

Note: All room functions marked with "X" must be shown on the plans with the same name labels as in this checklist.

ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS****3.1-1.4** ENVIRONMENT OF CARE

1.4.1 ☐ Design ensures patient acoustical & visual privacy

3.1-1.6 FACILITY ACCESS

1.6.2 ☐ Building entrance
☐ grade level
☐ clearly marked
☐ access separate from other activity areas

1.6.3 ☐ Design precludes unrelated traffic within the facility

3.2-1.3.1 PARKING

☐ Parking spaces for patients & family
☐ at least two parking spaces for each examination & treatment room
☐ one space for each of the maximum number of staff persons on duty at any one shift
 (information must be provided in Project Narrative)

3.1-2 EXAM & TREATMENT ROOMS

2.1.1 ☐ General purpose examination rooms
 (1) ☐ min. 80 sf (excluding vestibules & fixed casework)
 (2) ☐ min. clearance 2'-8" on sides & foot of exam table
 2.1.1.3 ☐ documentation space with charting counter

☐ Handwashing station
☐ Vent. min. 6 air ch./hr
☐ Portable or fixed exam light
☐ Min. 2 el. duplex receptacles

2.1.2 ☐ Special purpose examination rooms (including ENT)
☐ check if service not included in department
 (1) ☐ min. 80 sf (excluding vestibules & fixed casework)
 (2) ☐ min. clearance 2'-8" on sides & foot of exam table, bed or chair
 2.1.2.3 ☐ documentation space with charting counter

☐ Handwashing station
☐ Vent. min. 6 air ch./hr
☐ Portable or fixed exam light
☐ Min. 2 el. duplex receptacles

2.1.3 ☐ Treatment room for minor surgical & cast procedures
☐ check if service not included in outpatient department
 (1) ☐ min. 120 sf (excluding vestibules & fixed casework)
☐ min. room dimension be 10 feet
 (2) ☐ min. clearance 3'-0" at each side & at the foot of the treatment table
 2.1.3.3 ☐ documentation space with charting counter

☐ Handwashing station
☐ Vent. min. 6 air ch./hr
☐ Portable or fixed exam light
☐ Min. 2 el. duplex receptacles

2.1.5 ☐ Airborne infection isolation rooms
☐ check if service not included (only if functional program is not specific to the treatment of infectious patients)
 2.1.5.1 ☐ min. 80 sf (excluding vestibules & fixed casework)
☐ min. clearance 2'-8" on sides & foot of exam table
☐ documentation space with charting counter
☐ entry through work area

Mechanical ventilation (Table **2.1-2**)
☐ vent. positive to toilet
☐ vent. negative to work area
☐ min. 12 air ch./hr (exhaust)
☐ visual monitoring of room pressure & airflow direction
 Work area (open or enclosed)

2.1-3.2.2.4

(1) ☐ alcove directly inside the room **or** ☐ alcove directly outside the room
☐ handwashing station ☐ handwashing station
☐ clean storage ☐ clean storage
☐ soiled holding ☐ soiled holding

(2) ☐ door self-closing

(3) ☐ toilet room with direct access from isolation room (not through work area)

(3) ☐ monolithic ceiling **or** ☐ washable clipped-down ceiling tiles

☐ vent. negative to corridor
☐ vent. positive to isol. room
☐ min. 10 air ch./hr (exhaust)

☐ Handwashing station
☐ Vent. min. 10 air ch./hr (exhaust)

ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS****3.1-2.1.7** SUPPORT AREAS2.1.7.1 ☐ Nurse station☐ work counter☐ space for supplies☐ provisions for charting2.1.7.2 ☐ Drug distribution station☐ supervised by nurses station☐ work counter☐ refrigerator☐ locked storage for biologicals & drugs2.1.7.3 ☐ Sterilizing facilities☐ on-site**or**☐ sterilizing area(within soiled
workroom or clean
workroom)☐ off-site☐ all clean & sterile
supplies are
disposable2.1.7.4 ☐ Clean storage☐ separate room or closet for storing clean & sterile
supplies in addition to cabinets & shelves

140.204/

2.1.7.5

2.1-2.3.8.1

☐ Soiled workroom**or**☐ clinical flushing-rim
sink☐ Soiled holding room☐ patient care does not
involve disposing of
fluid waste☐ work counter☐ space for holding soiled linen & solid waste2.1.7.6 ☐ Wheelchair storage☐ out of the direct line of traffic2.1.8.1 ☐ Toilet for patient use☐ separate from public toilets☐ located to permit access from patient care areas without
passing through public areas**3.1-2.3** LABORATORY2.3.1 ☐ Work counter2.3.3.1 ☐ Storage cabinet2.3.3.2 ☐ Specimen collection facilities(1) ☐ water closet & lavatory(2) ☐ blood collection facilities☐ seating space☐ work counter**3.2-2.4** SPECIMEN STORAGE☐ facilities for storage & refrigeration of blood, urine & other
specimens.☐ communication system☐ Handwashing station☐ Vent. min. 4 air ch./hr☐ Handwashing station☐ Vent. min. 10 air ch./hr (exhaust)☐ Handwashing station☐ Vent. min. 10 air ch./hr (exhaust)☐ Lab sink☐ Handwashing station☐ Handwashing station☐ Vent. min. 10 air ch./hr (exhaust)☐ Handwashing station☐ Vent. min. 6 air ch./hr

ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS****3.1-3** SERVICE AREAS

- 3.1.1 ☐ Housekeeping rooms
- 3.1.1.1 ☐ at least one housekeeping room per floor
- 3.1.1.2 ☐ storage for housekeeping supplies & equipment

- 3.2 ☐ Engineering services & maintenance
(may be shared with other departments or building tenants)

- 3.2.1 ☐ equipment room for boilers, mechanical equipment & electrical equipment
- 3.2.2 ☐ equipment & supply storage
- 3.3.1.1 ☐ waste collection & storage

3.1-4.1 PUBLIC AREAS

- 3.1-4.1.1 ☐ Building entrance
- ☐ accommodates wheelchairs
- 3.2-3.1.1.3 ☐ convenient to parking
- ☐ accessible via public transportation

- 3.2-3.1.1.2 ☐ separate entrance to outpatient facility from outside grade **or** ☐ shared lobby or elevators
- ☐ handicapped access to outpatient facility
- ☐ access route separate from unrelated occupied areas
- ☐ access route separate from service areas of the outpatient facility

- 3.2-3.1.2.1 ☐ Reception & information counter or desk
- ☐ visual control of outpatient suite entrance
- ☐ immediately apparent from outpatient suite entrance

- 3.1.3 ☐ Waiting area ☐ Vent. min. 6 air ch./hr
- 3.1.3.1 ☐ under staff control
- 3.1.3.2 ☐ at least two seating spaces for each examination & treatment room
- 3.1.3.4 ☐ space for individuals on wheelchairs

- 3.1.3.3 ☐ Pediatrics service **or** ☐ No pediatrics service
- ☐ separate, controlled waiting area for pediatric patients

- 3.1-4.1.4 ☐ Public toilets ☐ Handwashing station
- ☐ conveniently accessible from waiting area ☐ Vent. min. 10 air ch./hr (exhaust)
- ☐ access separate from patient care or staff work areas

- 4.1.5 ☐ Telephone for public use
- ☐ pay phone or wall-hung standard phone (local calls)
- ☐ conveniently accessible from waiting area

- 4.1.6 ☐ Provisions for drinking water
- ☐ conveniently accessible from waiting area

- 4.1.7 ☐ Wheelchair storage
- ☐ conveniently accessible from waiting area

ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS****3.2-3.2** ☐ ADMINISTRATIVE AREAS

- 3.1-4.2.1** ☐ Interview space
☐ provisions for privacy
- 3.1-4.2.2** ☐ General or individual offices for professional staff
- 3.2-3.2.1.1** ☐ Administrative office
☐ provisions for privacy
- 3.2-3.2.1.2** ☐ Clerical space
☐ separate from public areas
- 3.2-3.2.3** ☐ Multipurpose room
☐ adequate for conferences, meetings & health education
- 3.2-3.2.4** ☐ Medical records
☐ filing cabinets & space for secure patient records storage
☐ provisions for ready retrieval.
- 3.2-3.2.5** ☐ Administrative supply Storage
- 3.2-3.2.6** ☐ Support areas for staff
☐ staff toilet
- 3.1-4.2.5** ☐ staff lounge
☐ storage for staff personal effects
☐ locking drawers or cabinets
☐ convenient to individual workstations
☐ located for staff control

- ☐ Handwashing station
☐ Vent. min. 10 air ch./hr (exhaust)

GENERAL STANDARDS**DETAILS AND FINISHES (3.1-5.2)****Corridors (5.2.1.1)**

- ___ Min. outpatient corridor width 5'-0"
- ___ Min. staff corridor width 44"
- ___ Fixed & portable equipment recessed does not reduce required corridor width
- ___ Work alcoves include standing space that does not interfere with corridor width
 - ☐ check if function not included in project

Ceiling height (5.2.1.2)

- ___ Min. 7'-10", except:
 - ___ 7'-8" in corridors, toilet rooms, storage rooms
 - ___ sufficient for ceiling mounted equipment
- ___ Min. clearance 6'-8" under suspended pipes/tracks

Exits (5.2.1.3)

- ___ Two remote exits from each floor

Doors (5.2.1.4)

- ___ Doors for patient use min. 3'-0" wide

Glazing (5.2.1.5):

- ___ Safety glazing or no glazing within 18" of floor

Handwashing stations locations (5.2.1.6)

- ___ located for proper use & operation
- ___ sufficient clearance to side wall for blade handles

Floors (5.2.2.2)

- ___ floors easily cleanable & wear-resistant
 - ___ washable flooring in rooms equipped with handwashing stations (Policy)
 - ___ wet-cleaned flooring resists detergents
- ___ Thresholds & expansion joints flush with floor surface (5.2.1.7)

Walls (5.2.2.3)

- ___ wall finishes are washable
- ___ smooth & moisture resistant finishes at plumbing fixtures

ELEVATORS

- | | | |
|---|-----------|--|
| <ul style="list-style-type: none"> ___ Provide at least one elevator in multistory facility <ul style="list-style-type: none"> ___ wheelchair accessible ___ each elevator meets requirements of 3.1-6.2 | or | <ul style="list-style-type: none"> ___ Each floor has an entrance located at outside grade level or handicapped accessible by ramp from outside grade level |
|---|-----------|--|

PLUMBING**Handwashing station equipment**

- ___ handwashing sink
- ___ hot & cold water supply
- ___ soap dispenser
- ___ hand-drying provisions

Sink controls (1.6-2.1.3.2)

- ___ wrist controls or other hands-free controls at all handwashing sinks
- ___ blade handles max. 4½" long

MECHANICAL ((3.1-7.2)

- ___ Ventilation airflows provided per Table **2.1-2**
- ___ Exhaust fans located at discharge end (7.2.5.3(1)(c))
- ___ Fresh air intakes located at least 25 ft from exhaust outlet or other source of noxious fumes (7.2.5.4(1))
- ___ Contaminated exhaust outlets located above roof (7.2.5.4(2))
- ___ Ventilation openings at least 3" above floor (7.2.5.4(4))
- ___ At least one 30% efficiency filter bed per Table **3.1-1**